Section I: Background Information (review priors and DPS history before the initial response whenever possible)

A. Prior History in Arizona or other states or jurisdictions:

- Document each report, including the current report, with the date, summary of allegations, findings, and service outcomes;
- Document if there is a pattern of maltreatment, chronicity, increasing severity of the allegations, or a change in the household composition;

B. Department of Public Safety (DPS) background checks and results:

- List any arrests, charges, and disposition for all parents of the child victim(s);
- List any arrest, charges, and disposition for each adult in the home where the maltreatment occurred;
- Document each adults relationship to the child(ren).

C. Court Orders Limiting or Restricting Contact:

- Document a good faith effort was made to obtain the information: as part of this good faith effort, the CPS Specialist must ask the parent, guardian, or custodian under investigation if a current Court order exists;
- List any Court order that may restrict or deny custody, visitation or contact with the child(ren);
- Identify jurisdiction and involved parties;
- Summarize any Court orders that indicate a potential safety concern.

D. Joint Investigation and/or Police Involvement:

- Identify Law Enforcement agency, Detectives names, contact information, and DR# for the incident;
- Document the status of the police investigation and outcomes;
- Joint Investigation Detail (LCH 431) will still need to be completed for all reports containing the "Criminal Conduct" tracking characteristic.

E. Documents Reviewed (if applicable):

- Police reports;
- Other Criminal history;
- Medical records:
- School records;
- Court orders;
- Provider reports on services provided to the family.

Section II: Interviews with all required parties – Document each interview in narrative form with the date, type, location and who was present, information collected, or the concerted efforts to locate, contact, and interview all required parties

A. Reporting Source – The interview must gather information about:

• Any additional information the reporting source has related to current maltreatment, child functioning, adult functioning, parenting practices or disciplinary practices.

B. Each alleged child victim – Children must be interviewed separately and the interview must gather information about:

- Who lives in the home and who are the child's caretakers?
- Observations of the child (Infants, toddlers, non-verbal children) and the home;

- Child functioning (Medical and dental health, mental/behavioral health, emotional well-being, education and/or development, special needs that would make the child vulnerable or unable to self-protect);
- Response to allegation(s);
- Assessment of all types of maltreatment (including abuse and neglect) including whether the child is a victim of commercial sexual exploitation or sex trafficking and the services to which the child has been referred.
- Parent/caregiver functioning (Substance use, mental health, domestic violence or violence out of the home, intellectual and physical health or limitations);
- Family rules, chores and disciplinary practices;
- Relationships among family members;
- Whether child feels safe at home and with caregivers, why or why not?
- Is there anything the family needs?

C. All other children in the home where the child victim(s) reside (primary residence) and all other children in the home where the alleged maltreatment occurred - The interview must gather information about:

- Who lives in the home and who are the child's caretakers?
- Observations of the child (Infants, toddlers, non-verbal children) and the home;
- Child functioning (Medical and dental health, mental/behavioral health, emotional well-being, education and/or development, special needs that would make the child vulnerable or unable to self-protect);
- Response to allegation(s);
- Assessment of all types of maltreatment;
- Assessment if the child is a victim of commercial sexual exploitation or sex trafficking, including the services to which the child has been referred;
- Parent/caregiver functioning (Substance use, mental health, domestic violence or violence out of the home, intellectual and physical health or limitations);
- Family rules, chores and disciplinary practices;
- Relationships among family members;
- Whether child feels safe at home and with caregivers, why or why not?
- Is there anything the family needs?

D. Custodial parent / Non-custodial parents of the child victim(s) - (If applicable and if the identity and whereabouts can be reasonably determined and contact would not be likely to endanger the life or safety of any person or compromise the integrity of a criminal investigation or the CPS investigation) – The interview must gather information about:

- Notification of rights and parent's response;
- Both parents must be asked if there are any Court orders (good faith effort);
- Who lives in the home/child's caretakers;
- Location of each victim's non-custodial parent, if applicable;
- Observations of the parent and the home;
- Response to allegation(s);
- Assessment of all types of maltreatment;
- Assessment if the child is a victim of commercial sexual exploitation or sex trafficking, including the services to which the child been referred;
- Protection of child by non-abusing caregiver, if applicable;

- Child functioning (Medical and dental health, mental health, emotional well-being, education and/or development, general perception and expectations of each child, and attachment to and nurturance of each child);
- Parent/caregiver functioning (Substance use, mental health, intellectual and physical health or limitations, domestic violence or violence out of the home, criminal involvement/history, history of abuse or neglect as a child, recognition of problems and motivation to change, economic resources, adequacy of housing, family social supports, family stressors, coping skills, current services and the need for additional services);
- Family rules, chores and disciplinary practices;
- Relationships among family members;
- Court orders that restrict or deny custody, visitation or contact between any parent or other adult in the home and any child in the home.

E. Spouse/Partner/Significant Other of the custodial parent/Other adults living in the home where the alleged maltreatment occurred, if applicable – Interviews must gather information about any of the following that are applicable to the individual:

- Who lives in the home/child's caretakers:
- Observations of the parent and the home;
- Response to allegation(s);
- Assessment of all types of maltreatment;
- Assessment if the child is a victim of commercial sexual exploitation or sex trafficking, and the services to which the child has been referred;
- Protection of child by non-abusing caregiver, if applicable;
- Child functioning (Medical and dental health, mental health, emotional well-being, education and/or development, general perception and expectations of each child, attachment to and nurturance of each child);
- Parent/caregiver functioning (Substance use, mental health, intellectual and physical health or limitations, domestic violence or violence out of the home, criminal involvement/history, history of abuse or neglect as a child, recognition of problems and motivation to change, economic resources, adequacy of housing, family social supports, family stressors, coping skills, current services and the need for additional services);
- Family rules, chores and disciplinary practices;
- Relationships among family members;
- Court orders that restrict or deny custody, visitation or contact between any parent or other adult in the home and any child in the home.

F. Alleged perpetrator, if someone other than listed above – Interviews must gather information about any of the following that are applicable to the individual:

- Who lives in the home/child's caretakers:
- Observations of the parent and the home;
- Response to allegation(s);
- Assessment of all types of maltreatment;
- Protection of child by non-abusing caregiver, if applicable;
- Child functioning (Medical and dental health, mental health, emotional well-being, education and/or development, general perception and expectations of each child, attachment to and nurturance of each child);

- Parent/caregiver functioning (Substance use, mental health, intellectual and physical health or limitations, domestic violence or violence out of the home, criminal involvement/history, history of abuse or neglect as a child, recognition of problems and motivation to change, economic resources, adequacy of housing, family social supports, family stressors, coping skills, current services and the need for additional services);
- Family rules, chores and disciplinary practices;
- Relationships among family members;
- Court orders that restrict or deny custody, visitation or contact between any parent or other adult in the home and any child in the home.

G. Collateral contacts (other persons known to have knowledge of the maltreatment or who could confirm or rule-out a safety threat to the child victim or any other child in the home where the alleged maltreatment occurred):

- These may include but is not limited to other relatives not living in the home, school personnel, pediatrician and other medical professionals, law enforcement, tribal representatives, and out-of-state contacts;
- Any additional information gathered related to the alleged abuse or neglect, child safety or risk of maltreatment.

Section III: Analysis of information and conclusions about the presence of risk factors and/or safety threats and type of intervention needed:

A. Assessment of Present Danger – Narrative must include:

- Based on the initial contact with the child, was an immediate action required in order to ensure child safety before any further interviews or assessment could take place?
- If a protective action was required, describe the action.
- If the protective action includes a safety monitor, briefly describe how the safety monitor will manage the current safety threat to the child(ren).

B. Assessment of Risk Factor(s) for each child in the family and parents, guardian, or custodian and need for intervention:

• Identify and document risk factors based on information about the family's history and current functioning in each life domain which include the following:

Child Risk factors: Child Vulnerability/Self Protection; Child's Special Needs (disability)/Behavior Problems (alcohol abuse, drug abuse).

Parent, Guardian, Custodian Risk factors: Parenting Skills/Expectations of child; Parent Empathy, Nurturance, Bonding; Parent Substance Abuse (alcohol abuse, drug abuse); Parent Mental, Emotional, Intellectual or Physical Impairment; General History of Violence by Caregiver towards Peers and/or Children; Domestic Violence in Family; Protection of Child by Non-Abusive Caregiver; Parent History of Child Abuse/Neglect as a Child; Parent Recognition of Problem/Motivation to Change, Level of Cooperation.

Family Risks factors: Economic Resources of Family; Family Social Support System; and Current Family Stressors.

• Document protective factors (behaviors) by the parent, guardian, and custodian that mitigate the level of risk in the family.

- Document family strengths, positive qualities or resources the family can build upon to enable them to care for their child(ren), support case planning.
- Prior to closing a case, the family, CPS Specialist and other service team members should meet to obtain the thoughts of the parents and children about their unmet needs and develop a aftercare plan to address these needs and improve family functioning.

C. Assessment of Impending Danger – Narrative must include:

- All safety criteria **must** be met to identify a safety threat.
 - a. **Vulnerable child**: Is the child victim unable to protect him or herself or seek protection from others, regardless of the child's age? Is the child defenseless, exposed to behavior, conditions, or circumstances the child is powerless to manage?
 - b. **Out-of-control**: Is there an adult in the home who is able to control the identified safety threat to the child victim? Will the safety threat continue without external intervention?
 - c. **Severity**: Could the threat cause or result in serious pain, injury, suffering, terror or extreme fear, impairment, or death of child?
 - d. **Specific Time Frame**: Is the safety threat to the child's safety occurring now or likely to occur within the next 30 days? Could it happen just about any time within the near future- today, tomorrow or during the upcoming month?
 - e. **Observable Family Condition**: What is the specific behavior, emotion, attitude, perception, or situation by the parent/caretaker that can be seen and described and makes the child victim unsafe? Observable does not include suspicion and gut feeling. It can be clearly described and reported.

D. Safety Decision:

- Safe No child is in present or impending danger.
- Unsafe At least one child is in impending danger:
 - o List the name of each unsafe child.

Safety Plan: If a child is unsafe, a safety plan is required. The safety plan must be the least intrusive/restrictive intervention to the family and sufficient to control the safety threats (in-home, out-of-home, or combination).

- If a child is placed in a licensed home or facility, a safety plan agreement (CPS 1030B and CPS 1030 C) is not required.
- Document DPS checks for all non- DES licensed safety monitors in a Key Issue case note type.
- Complete the hard copy safety plan agreement with the family and the safety monitor. Scan the document into a Key Issue case note type.

Reminder: CHILDS Windows still needing completion

- Report Detail (LCH031)
- Joint Investigation Detail (LCH431)
- Investigation Tracking Characteristics Findings (LCH049)
- Investigation Allegation Findings (LCH048)
- NCANDS
- Case Closure (LCH060) Closures only

Section IV: Clinical Supervision Discussion

- Review the Child Safety and Risk Assessment to confirm enough information was gathered to make informed decisions on child safety and family risk factors.
- Review the Child Safety and Risk Assessment to confirm all required documents were obtained (the Child Safety Specialist must obtain or gather sufficient information to rule out the need or ability to obtain the following records: medical exam record, if one was required by policy; child medical records; child educational records; DCS history records from Arizona or other jurisdictions; DPS criminal history information on all victim's parents and adults in the home where the maltreatment occurred; court orders that restrict or deny custody, visitation or contact between any parent or other person in the home and the child victims; parent or child behavioral health records or other provider reports.
- Review the Child Safety and Risk Assessment to confirm it demonstrates sufficient information was gathered during each interview (sufficient information confirms the presence or absence of each of the 17 safety threats and reveals the risk level in relations to each of the 14 risk domains).
- Discuss with the Child Safety Specialist the information gathered from all interviews and documents reviewed to determine the existence of child maltreatment, circumstances surrounding the maltreatment, adult functioning, child functioning, general parenting practices, and disciplinary practices. Analyze and determine if present danger, impending danger, or risk factors require DCS intervention. If no intervention is required, explain why. In addition, explain the level and type of aftercare planning required.
- When a DCS report alleges a criminal conduct allegation, review with the Child Safety Specialist the Criminal Conduct Investigation Practice Guide to ensure that all investigative tasks on a criminal conduct investigation have been completed.
- Discuss with the Child Safety Specialist and document if there was sufficient evidence gathered to draw a conclusion on findings for each allegation in the case.
- Document your Clinical Supervision Decision.